

Sample – Payment Request letter

Fiscal Year (FY) 2007-08

(TO BE PLACED ON GRANTEE'S LETTERHEAD)

Andrea Zubiarte, Coordinator
California Department of Health Care Services
Indian Health Program
1501 Capitol Avenue, Suite 71.6044
MS 8502
P.O. Box 997413
Sacramento, CA 95899-7413

Grantee's Name: _____

Grant Number: _____

FY 2007-2008 Grant Award Amount: \$ _____

Statute: Health and Safety Code 124586

Pursuant to the terms and conditions established in the above referenced Statute, we are requesting payment as indicated.

Please check one of the following:

_____ Up to 50% (July 2007– December 2007)

_____ Up to 40% (January 2008- April 2008)

_____ Not less than 10% or remaining balance (May - June 2008)

TOTAL AMOUNT REQUESTED: \$ _____
(Actual amount to be paid. No rounding.)

Grantee's Signature & Date

State Representative's Signature & Date